

NORTH CAROLINA DEPARTMENT OF HEALTH and HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
HOME INFUSION THERAPY MAXIMUM REIMBURSEMENT RATES
EFFECTIVE DATE: JANUARY 1, 2007
Posted 4/1/2007

HCPSC CODE	PARENTERAL and ENTERAL NUTRITION PRODUCTS DESCRIPTION	BILLING UNIT	MEDICAID MAX
B4034	Enteral Feeding Supply Kit; Syringe, Per Day	EACH	\$ 6.29
B4035	Enteral Feeding Supply Kit; Pump Fed, Per Day	EACH	\$ 11.99
B4036	Enteral Feeding Supply Kit; Gravity Fed, Per Day	EACH	\$ 8.22
B4081	Nasogastric Tubing with Stylet	EACH	\$ 20.42
B4082	Nasogastric Tubing without Stylet	EACH	\$ 15.20
B4083	Stomach Tube - Levine Type	EACH	\$ 2.32
B4086	Gastrostomy/Jejunostomy Tube, any material, any type (STANDARD OR LOW PROFILE)	EACH	\$ 17.46
B4150	Enteral formula nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	100 CAL	\$ 0.69
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5kcal/ml with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may includes fiber administered through an enteral feeding tube, 100 cal	100 CAL	\$ 0.57
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins, and minerals, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	100 CAL	\$ 1.96
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism includes altered composition proteins, fats, carbohydrates, vitamins and/or minerals , may includes fiber, administered through an enteral feed	100 CAL	\$ 1.25
B4155	Enteral formula nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (E.G. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	100 CAL	\$ 0.97
B4157	Enteral formula, nutritionally complete for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	\$ 1.15
B4158	Enteral formula, for pediatric, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may includes fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	\$ 0.64
B4159	Enteral formula, for pediatric, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	\$ 0.64
B4160	nutrients, includes proteins, fats carbohydrates, vitamins & minerals, may includes fiber, administered through an enteral feedi	100 CAL	\$ 0.54
B4161	Enteral formula, for pediatric, hydrolyzed/amino acids & peptide chain proteins, includes fats, carbohydrates, vitamins & minerals, may includes fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	\$ 1.83
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may includes fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	\$ 1.15
B4164	Parenteral Nutrition Solution; Carbohydrates (Dextrose), 50% Or Less - Home Mix	500 ML	\$ 15.57
B4168	Parenteral Nutrition Solution; Amino Acid, 3.5%, - Home Mix	500 ML	\$ 22.67

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HCPCS CODE	PARENTERAL and ENTERAL NUTRITION PRODUCTS DESCRIPTION continued	BILLING UNIT	MEDICAID MAX
B4172	Parenteral Nutrition Solution; Amino Acid, 5.5% Through 7% - Home Mix	500 ML	\$ 38.63
B4176	Parenteral Nutrition Solution; Amino Acid, 7% Through 8.5% - Home Mix	500 ML	\$ 43.88
B4178	Parenteral Nutrition Solution; Amino Acid, Greater Than 8.5% - Home Mix	500 ML	\$ 52.68
B4180	Parenteral Nutrition Solution; Carbohydrates (Dextrose), Greater Than 50% - Home Mix	500 ML	\$ 22.31
B4185	Parenteral Nutrition Solution; per 10 gram lipids.	10 grams	\$ 10.89

HCPCS CODE	PARENTERAL and ENTERAL NUTRITION PRODUCTS DESCRIPTION	BILLING UNIT	MEDICAID MAX
B4189	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength,-- 10 to 51 Grams of Protein - Premix	ONE/DAY	\$ 162.74
B4193	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength,-- 52 to 73 Grams of Protein - Premix	ONE/DAY	\$ 210.30
B4197	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength,-- 74 to 100 Grams of Protein - Premix	ONE/DAY	\$ 256.02
B4199	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength,-- Over 100 Grams of Protein - Premix	ONE/DAY	\$ 292.56
B4216	Parenteral Nutrition; Additives (Vitamins, Trace Elements, Heparin, Electrolytes), Home Mix	ONE/DAY	\$ 7.08
B4220	Parenteral Nutrition Supply Kit; Premix, Per Day	ONE/DAY	\$ 7.33
B4222	Parenteral Nutrition Supply Kit; Home Mix, Per Day	ONE/DAY	\$ 9.04
B4224	Parenteral Nutrition Administration Kit, Per Day	ONE/DAY	\$ 22.90
B5000	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength,-- renal - Amirosyn RF, NephroAmine, Renamine - Premix	EACH	\$ 10.88
B5100	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength, --hepatic - Framing HBC, HepatAmine - Premix	EACH	\$ 4.26
B5200	Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, any strength, -- Stress - Branch Chain Amino Acids - Premix	EACH	\$ 5.62

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HCPCS CODE	PARENTERAL and ENTERAL NUTRITION EQUIPMENT DESCRIPTION	BILLING UNITS	MEDICAID MAX		
			RENTAL	NEW	USED
B9002	Enteral Nutrition Pump, with Alarm	MONTHLY	\$ 122.19	\$ 1,261.61	\$ 946.21
B9004	Parenteral Nutrition Infusion Pump - Portable	MONTHLY	\$ 398.39	\$ 2,516.56	\$ 1,887.42
B9006	Parenteral Nutrition Infusion Pump - Stationary	MONTHLY	\$ 398.39	\$ 2,516.56	\$ 1,887.42
E0776	IV Pole	MONTHLY	\$ 26.52	\$ 104.92	\$ 78.69
E0781	Ambulatory Infusion Pump, Single Or Multiple Channels, Electric or Battery Operated, with Administrative Equipment, Worn By Patient (Per Day)	MONTHLY	\$ 264.87		

HCPCS CODE	HOME INTRAVENOUS THERAPY DESCRIPTION	BILLING	MEDICAID
		UNIT	MAX
S9325	Home Infusion Therapy, Pain Management Infusion; (Drug and Nursing Visits Coded Separately)	PER DIEM	\$ 44.47
S9325-SH	Pain Management Therapy is Second Concurrently Administered Infusion Therapy	PER DIEM	\$ 47.73
S9325-SJ	Pain Management Therapy is Third Concurrently Administered Infusion Therapy	PER DIEM	\$ 48.38
S9329	Home Infusion Therapy, Chemotherapy Infusion (Drug and Nursing Visits Coded Separately)	PER DIEM	\$ 53.15
S9329-SH	Chemotherapy is Second Concurrently Administered Infusion Therapy	PER DIEM	\$ 52.96
S9349-UA	Home Infusion Therapy, Tocolytic Therapy (Drug and Nursing Visits included in per diem)	PER DIEM	\$ 180.00
S9379	Home Infusion Therapy, Not Otherwise Classified (Drug and Nursing Visits Coded Separately)	PER DIEM	\$ 38.26
S9494	Home Infusion Therapy, Antibiotic, Antiviral, or Antifungal Therapy ; (Drug and Nursing Visits Coded Separately)	PER DIEM	\$ 58.33
S9494-SH	Antibiotic, Antiviral, or Antifungal Therapy is Second Concurrently Administered Infusion Therapy	PER DIEM	\$ 40.90
S9494-SJ	Antibiotic, Antiviral, or Antifungal Therapy is Third Concurrently Administered Infusion Therapy	PER DIEM	\$ 21.62
T1002-SD	RN Services, Up To 15 Minutes	15 MIN	\$ 6.70
T1030	Nursing Care, in the home, By Registered Nurse	PER DIEM	\$ 40.18

Rate effective 9/1/2006

PROVIDERS ARE REMINDED TO BILL THEIR USUAL AND CUSTOMARY RATES. DO NOT AUTOMATICALLY BILL THE ESTABLISHED MAXIMUM REIMBURSEMENT RATE LISTED. PAYMENT WILL BE THE LESSER OF THE BILLED USUAL AND CUSTOMARY RATE OR THE MAXIMUM REIMBURSEMENT RATE